

Final Draft 5/12/03

DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION OLYMPIA, WASHINGTON

TO: All Providers
Managed Health Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 03-13 MAA
Issued: May 19, 2003
Supercedes: 99-46 MAA

FROM: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For further information, call:
1-800-562-6188

SUBJECT: HO/BH+/CHIP Recoupment of Premium Payments for Clients Who Become Eligible for SSI Retroactively

Formatted

When managed care clients who are enrolled in Healthy Options (HO)/Basic Health Plus (BH+)/Children's Health Insurance Program (CHIP) become retroactively eligible for Supplemental Security Income (SSI) benefits, the Medical Assistance Administration (MAA) recoups premiums paid to HO/BH+/CHIP plans for the period of retroactive SSI eligibility. This memorandum explains MAA's recoupment process.

Background

Currently, HO/BH+/CHIP managed care health plans receive premiums on a per member, per month basis to cover the cost of medical care for clients in the following categories:

- ✓ Temporary Assistance to Needy Families (TANF);
- ✓ Children at 200% of the Federal Poverty Level (FPL);
- ✓ Pregnant women;
- ✓ BH+; and
- ✓ CHIP.

Occasionally, clients in these categories become retroactively eligible for SSI due to a disability. Since SSI clients are not covered under the HO/BH+/CHIP program, these clients must be disenrolled from HO/BH+/CHIP and moved to the fee-for-service (FFS) payment system.

How does MAA identify HO/BH+/CHIP clients who become retroactively eligible for SSI?

On September 1, 1998, MAA began using the State Data Exchange (SDX) cross-match report issued by the Social Security Administration (SSA) to identify SSI-eligible HO/BH+/CHIP clients. The SDX cross-match report identifies the clients determined by SSA to be eligible for SSI.

How far back does MAA go to recoup premiums paid to HO/BH+/CHIP plans for SSI-eligible clients?

Using the “SSI Eligibility Date” identified in ACES on the SDX screen, MAA recoups premiums back to the SSI eligibility date, but not prior to January 1, 2002.

What should HO/BH+/CHIP plans do when MAA recoups premium payments for SSI eligible clients?

When MAA has recouped premium payments, HO/BH+/CHIP plans may recover the amounts paid to Medicaid providers for services rendered during the SSI eligibility period.

What should Medicaid providers do when HO/BH+/CHIP plans have recovered payments and SSI-eligible clients are transferred from HO/BH+/CHIP to FFS?

When HO/BH+/CHIP plans recover the amounts paid to Medicaid providers for covered services during the correct time period, Medicaid providers may bill MAA under FFS for care rendered to clients during the retroactive SSI eligibility period for which plans recouped payments. Medicaid providers must send FFS claims for covered services to the MAA claims processing address appropriate for the claim type.

How long do Medicaid providers have to bill MAA after HO/BH+/CHIP plans have recovered payments?

Medicaid providers have 365 days from the date of service to bill MAA. If the 365-day limit has expired, Medicaid providers must bill MAA within 365 days from the date payments were recovered by the HO/BH+/CHIP plans to establish timeliness. When billing MAA, Medicaid providers must **indicate the following** in the appropriate field on their claim:

What?

1. Date the payment was recouped; and
2. Recoupment due to SSI eligibility.

Where?

HCFA-1500 claim formField 19
UB-92 claim formField 84
Electronic Billing.....Remarks Field

Example: (Field 19 or 84)

19. Recouped for SSI 10/09/01